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Don't Just Survive, Thrive: Understanding How Acute Psychiatric Nurses Develop Resilience

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ABSTRACT

With one in five Canadians estimated to experience mental illness, retention of registered nurses in the acute psychiatric hospital setting becomes a pressing issue. The key for these nurses to survive and potentially even thrive in practice has been identified as resilience. From interviews with four registered nurses, maintaining a "vast" perspective, becoming an "expert" of self, clarifying "belief systems", and being "present" through "staying awake" were identified as key in developing resilience. Although participants expressed that the development of resilience is an individual process, the concept of development was similar. Developing personal resilience may be a matter of self-development.

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Background

Although Canada's nursing workforce has steadily increased over the last decade (Canadian Institute for Health Information, 2015), interest and entry into the acute psychiatric setting has consistently fallen disproportionate to other specializations of nursing (Happell & Cutcliffe, 2011; Happell & Gaskin, 2013; Happell, Welch, Moxham, & Byrne, 2013; Holmes, 2006; Humble & Cross, 2010; Stevens, Browne, & Graham, 2013). Recruitment and retention in the acute psychiatric setting presents a challenge as nurses in this setting have higher exposure to violence and suicide and, consequently, higher levels of stress (Wang et al., 2015). With one in five Canadians estimated to experience mental illness in a growing population (Smetanin et al., 2011), retention of nurses entering this setting becomes a pressing issue.

Koen, van Eeden, and Wissing (2011) have shown that, in order to retain nurses in the acute psychiatric setting, both structural and individual changes need to occur. For the individual change, Jackson, Firtko, and Edenborough (2007) believed the key to survive and potentially even thrive in practice was through the development of resilience, defined as the ability to adapt and overcome adversity (Coleman & Ganong, 2002). While some researchers have described "resilience" as a quality, attribute, or trait, others have defined it as a process or cycle (Bonanno, 2004, 2005; Flach, 1988; Jacelon, 1997; Rutter, 1985; Tusaie & Dyer, 2004). Regardless of these inconsistencies, researchers such as Grafton, Gillespie, and Henderson (2010) have argued that the development of resilience is within the ability of each nurse and can therefore be further developed with specific strategies (Hart, Brannan, & De Chesnay, 2014).

According to Jackson et al. (2007), strategies for developing resilience for nursing included seeking mentoring relationships, finding balance in life and spirituality, exemplifying positivity, aiming for personal growth, and practicing reflection. As the research used to form these strategies was conducted in different nursing specialties, these strategies are not specific to the acute psychiatric setting. Unlike other nursing specialties, nursing in the acute psychiatric setting has focused on illness with difficult and often misunderstood physiological ties (Ward, 2011). Another difference is in the demographics of nurses in this setting (Hanrahan & Gerolamo, 2004) as they have a more equal distribution of gender and an older population (Sorrell, 2010).

A paucity of literature exists on the development of resilience in registered nurses in the acute psychiatric setting (Matos, Neushotz, Griffin, & Fitzpatrick, 2010). Although two research articles were found, neither provided an understanding of how registered nurses in this setting develop resilience. Cleary, Jackson, and Hungerford (2014) focused on developing collective resilience of the profession in order to sustain a specialty in changing times. In contrast, Matos et al. (2010) examined individual resilience in psychiatric inpatient nurses but did so by measuring the relationship between job satisfaction and resilience. Although a moderate linear relationship was found between the two, they stressed that further research was needed to clarify strategies to develop resilience.

One aspect of nursing that has been well-researched is the consequence of lacking sufficient resilience. Cañadas-De la Fuente et al. (2015) showed that continual exposure to a field of high demand can result in eventual burnout, a response to stress exposure resulting in

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emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981). This response to stress has been shown to have negative effects on both nurses' (Mealer et al., 2012; Milliken, Clements, & Tillman, 2007) and patients' (Vahey, Aiken, Sloane, Clarke, & Vargas, 2004) psychological and physiological well-being. Developing resilience is important for the preservation of both nurses' and patients' well-being (McGee, 2006). After all, nurses cannot help patients come back from adversity if they themselves are consumed by it (McGee, 2006).

The study

Purpose

The purpose of this study was to understand how registered nurses in the acute psychiatric setting develop resilience to sustain his or her practice. By providing an understanding of what registered nurses do to develop resilience, the first author of this study intended to challenge registered nurses in the acute psychiatric setting to begin reflecting on his or her own practice and growth in resilience. These nurses could then take the next step in accountability by applying this understanding to practice, further maintaining safe, compassionate, competent, and ethical care (Canadian Nurses Association, 2008).

Method

The method chosen to collect and analyze data was interpretative phenomenological analysis as described by Smith, Flowers, and Larkin (2009), with support from Pietkiewicz and Smith (2012), and Wagstaff and Williams (2014). The focus of interpretative phenomenological analysis is on the experience of individuals that will best inform a topic (Pietkiewicz & Smith, 2012). This means focusing on particular experiences over what could be considered universal experiences (Smith, Harré, & Van Langenhove, 1995). To preserve the subtlety and quality of data, smaller sample size is beneficial (Smith et al., 2009).

According to Smith and Osborn (2008), interpretative phenomenological analysis can be considered a double hermeneutic or dual interpretation method as it is a qualitative method allowing for participants to make sense of their world while acknowledging that the results are interpretations of the researcher (Pietkiewicz & Smith, 2012). The purpose of the researcher analyzing his or her own experience of interpretation is to allow for compensation of limitations in individual ability to purposefully reflect (Brocki & Wearden, 2006).

The first author was an undergraduate student at the time this study was conducted while the second and third authors were preceptors/instructors. In a pragmatic way it was determined between the authors that three to four individuals would be sufficient to begin an interpretation of the topic at the level of an undergraduate research project.

Participants and Interviews

Recruitment of participants involved the distribution of print media supplemented by verbal explanations in person by the first author on the acute psychiatric units of a regional hospital in Alberta, Canada. Print media included invitation letters and posters. Eligibility criteria included having a minimum of two years of experience in the acute psychiatric hospital setting to ensure completion and experience beyond transition into practice (Duchscher, 2008, 2012). Four registered nurses from the acute psychiatric units were recruited by the first author following screening for eligibility. Of the four registered nurses that volunteered and were accepted to participate, experience in the acute psychiatric hospital setting ranged from two to sixteen years, while practice as a registered nurse ranged from two to twenty-one years.

Data collection was conducted in private at the participants' place of employment or the first author's educational institution. As the focus of interpretative phenomenological analysis is an in-depth case-by-case investigation, single semi-structured face-to-face interviews lasting 60 to 90 minutes were chosen to collect data. This method of data collection was chosen to allow both time and flexibility to question beyond the structured portion of the interview to reach more in-depth explanations of experience (Pietkiewicz & Smith, 2012) while inhibiting depersonalization by sharing the same physical space (O'Conaill, Whittaker, & Wilbur, 1993; Sellen, 1995). Each interview was audio-recorded and then transcribed verbatim without comment or direction from participants.

Ethical Considerations

Before beginning the study, approval was received from Red Deer College's Research Ethics Board and Alberta Health Services Research Administration. Each participant provided voluntary written informed consent. As the focus of the study was on the phenomenon of developing resilience itself and not on the individual, identifiable information beyond the eligibility criteria was unnecessary. Consequently, identifiable information was omitted or, if necessary for the study, substituted and identified as altered (Jenkins, 2002) to ensure anonymity.

Interpretation

According to Smith et al. (2009), there is no specific formula for analyzing data with interpretative phenomenological analysis. Pietkiewicz and Smith (2012) regarded this as a positive aspect of the method as it allowed the researcher the flexibility to adapt analysis according to the objectives of the study. It should be noted that only guidelines for data analysis were utilized as the data itself led the analyses.

Upon completion of data collection, the first author immersed himself into the data by personally transcribing each interview and then reviewing both audio-recordings and transcripts a number of times (Pietkiewicz & Smith, 2012). During this familiarization process, the first author began writing initial interpretative comments with a focus on content, language, and context (Pietkiewicz & Smith, 2012). Once this step was completed abstract phrases were reflectively conceptualized while still being grounded with direct quotes (Pietkiewicz & Smith, 2012).

After identifying initial interpretations, similar to what Pietkiewicz and Smith (2012) suggested, the next step for the first author was to compile interpretations and cluster them in a table according to conceptual similarities, labeling each cluster with the abstract connection. Yin (1989) believed that qualitative research is not about probability but about possibility. Accordingly, interpretations were not based solely on repetition in data between participants. In order to acknowledge and compensate for any limitations in the first author's reflection, the second and third authors reviewed the data individually and then discussed and refined analyses through alternative perspective (Wagstaff & Williams, 2014).

Once the identification and clarification of interpretations was completed, the first author began writing. Interpretations were identified one by one and described, using direct quotes to supplement and support conclusions. By including quotes, the opportunity was provided for readers to create their own interpretations while assessing whether data supports the first author's analyses (Pietkiewicz & Smith, 2012). This approach provided transparency in interpretation in order to create trust in analyses. While writing, the first author was able to further clarify interpretations by referring to relevant research to develop discussion while providing tangible material to review individually and with the second and third authors (Wagstaff & Williams, 2014).

Analyses and Discussion

From analyses, four interpretations were formed around the development of resilience, each being grounded in the language used by participants. These four interpretations, found and grounded in participant

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